

*Dennis Martin Baile*

Died at *Dear Park* Town *Garrett Co* County *MARYLAND*  
 Month Day Y. M. D. Native of Occupation

Date 19 *02* *May* *31* Age *2* *Ma*  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of *William Baile* 151  
 Wife  
 Father's Name *P. L. Baile* Maiden Name *151*

Cause of Death { Primary Immediate *Found dead in bed* How long sick  
 Accident, Suicide, Homicide

Reported by *Wm Baile*

Address *Dear Park*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Thomas Sewitt

Died at <sup>Town</sup> Sang Run<sup>County</sup> Garrett

MARYLAND

Date 1902 <sup>Month</sup> May <sup>Day</sup> 27 <sup>Age</sup> 70 <sup>Y.</sup> 10 <sup>M.</sup> 12 <sup>D.</sup> md <sup>Native of</sup> <sup>Occupation</sup> farmer

<sup>Male</sup> <sup>White</sup> <sup>Married</sup> <sup>Widow</sup> <sup>Divorced</sup>

<sup>Female</sup> <sup>Colored</sup> <sup>Single</sup> <sup>Widower</sup> <sup>Number of children living</sup> 7

Husband of ~~Thomas~~ Stanley et. Sewitt

Father's Name <sup>Mother's</sup>

<sup>Maiden Name</sup>

Cause of <sup>Primary</sup> Dropsy <sup>How long sick</sup> 17

Death <sup>Immediate</sup> Heart failure <sup>Accident, Suicide, Homicide</sup>

Reported by S. Savage Undertaker

Address Friendsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary. A. Thayer

X

Died at <sup>Town</sup> Elder Hill <sup>County</sup> Garrett MARYLAND

Date 1902 <sup>Month</sup> May <sup>Day</sup> 30 <sup>Y.</sup> 79 <sup>M.</sup> 10 <sup>D.</sup> 15 <sup>Native of</sup> Md <sup>Occupation</sup> House

~~Male~~ <sup>White</sup> ~~Married~~ <sup>Widow</sup> ~~Divorced~~  
 Female <sup>Colored</sup> ~~Single~~ <sup>Widower</sup> Number of children living 2

Husband of

Wife

Father's

Mother's

Name Maiden Name

Cause of { Primary Old age How long sick 2 weeks  
 Death { Immediate Paralytic Accident, Suicide, Homicide

Reported by S. Savage Undertaker

Address Friendsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

No name

X

Town

County

Died at

Cove

Garrett

MARYLAND

Date 1902 May 5 - Age 2 - 2 - 2

Month Day Y. M. D. Native of Occupation

Male White Married Widowed Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Harry Holaday

Mother's Name Burdell Augustine

Cause of Death Primary Hemorrhage

How long sick

Death Immediate Accident, Suicide, Homicide

Reported by R. A. Rammer

Address Accident Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





### Certificate of Death

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